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AUTHORITY

AGO D/A ltr, 29 Apr 1980

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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C. 20310

IN REPLY REFER TO

AGAM-P (M) (28 May 68) FOR OT RD 681268

31 May 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 68th
Medical Group, Period Ending 31 January 1968 (U)

SEE DISTRIBUTION

1. Subject report is forwarded for review and evaluation in accordance with paragraph 5b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT RD, Operational Reports Branch, within 90 days of receipt of covering letter.

2. Information contained in this report is provided to insure appropriate benefits in the future from lessons learned during current operations and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

Kenneth G. Wickham

KENNETH G. WICKHAM
Major General, USA
The Adjutant General

1 Incl
as

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DEPARTMENT OF THE ARMY
HEADQUARTERS 68TH MEDICAL GROUP
APO 96491

AVBJ GD-FO

5 March 1968

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending 31
January 1968 (RCS CSFOR-65) (68th Medical Group)

THRU: Commanding General
44th Medical Brigade
ATTN: AVBJ FO
APO 96384

TO: Assistant Chief of Staff for Force Development
Department of the Army
Washington, D.C. 20310

The OPERATIONAL REPORT-LESSONS LEARNED of this headquarters for the quarterly period ending 31 January 1968 is forwarded in accordance with Army Regulation 1-19 and 44th Medical Brigade Regulation 870-5.


LEONARD MALDONADO
Colonel, Medical Corps
Commanding

FOROT RD
681268

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SECTION I: SIGNIFICANT ORGANIZATIONAL ACTIVITIES

A. During the 92 day report period, this headquarters engaged in medical support missions consistent with its assigned mission of command, control and staff supervision, providing Field-Army-Level Medical Service to forces of the United States, Free World Military and Military Assistance Program Army of Vietnam.

The 68th Medical Group, during the report period, had responsibility for that portion of III Corps Tactical Zone within the Tactical Area of Operational Interest of the 1st and 9th Infantry Divisions, 101st Airborne Division, 199th Light Infantry Brigade (Sep), 11th Armored Cavalry Regiment, 1st Australian Task Force and the Royal Thai Volunteer Regiment.

In support of its area of responsibility, the 68th Medical Group operated three evacuation hospitals, two surgical hospitals, one medical battalion, one air ambulance company, one ground ambulance company, one clearing company, one clearing platoon, nine dispensaries, five medical specialty teams and three ambulance bus detachments.

B. Personnel, Administration, Morale, and Discipline.

1. Personnel.

a. The following individual exercised command of the 68th Medical Group during the reporting period.

Colonel Leonard Maldonado, Medical Corps, 1 November 1967 -
31 January 1968.

b. Other staff changes are as follows:

(1) XO

(a) LTC Robert M. Gerber, 1 November 1967 - 21 January 1968.

(b) LTC William J. Prescott, 22 January 1968 - 31 January 1968.

(2) S-1

(a) MAJ Donald M. Graydon, 1 November 1967 - 31 December 1967.

(b) MAJ Grant E. Green, 1 January 1968 - 31 January 1968.

(3) Personnel Officer

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(a) CPT Patrick J. Mamma, 1 November 1967 - 28 November 1968.

(b) CPT Gordon S. Mobley, 29 November 1967 - 31 January 1968.

(4) S-3

(a) MAJ Harold W. Stocks, 1 November 1967 - 15 January 1968.

(b) CPT Douglas E. Wade, 16 January 1968 - 31 January 1968.

(5) Asst S-3

(a) CPT Richard B. Judy, 1 November 1967 - 9 January 1968.

(b) CPT Douglas E. Wade, 10 January 1968 - 31 January 1968.

(c) LT John K. Northrop, 16 January 1968 - 31 January 1968.

(6) S-4

(a) MAJ Lawrence J. Lescantz, 1 November 1967 - 22 December 1967.

(b) MAJ James P. Creighton (Acting), 23 Dec 67 - 7 January 1968.

(c) LTC John L. Mac Entee, 9 January 1968 - 31 January 1968.

(7) Sergeant Major

(a) SGM F. C. Woods, 1 November 1967 - 29 January 1968.

(b) SGM W. C. Carey, 30 January 1968 - 31 January 1968.

2. Morale and Discipline.

a. The following awards and decorations were approved and presented to personnel of the 68th Medical Group during the period.

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- (1) Silver Star - 3
- (2) Distinguished Service Cross - 1
- (3) Distinguished Flying Cross - 1
- (4) Legion of Merit - 3
- (5) Bronze Star - 63
- (6) Army Commendation Medal - 111
- (7) Air Medal - 141
- (8) Certificate of Achievement - 17

b. The following awards and decorations have been recommended and are still pending as of 31 January 1968.

- (1) Silver Star - 2
- (2) Distinguished Flying Cross - 2
- (3) Legion of Merit - 1
- (4) Bronze Star - 2
- (5) Army Commendation Medal - 15
- (6) Air Medal - 35
- (7) Purple Heart - 2

c. Six (6) Special Courts-Martial were convened by this headquarters during the period of the report.

C. Medical Regulating.

1. During the report period, hospitalization, evacuation and medical regulating were provided for the following named tactical operations within III Corps Tactical Zone, RVN: OPERATION FAIRFAX, BARKING SANDS, DIAMOND HEAD, ENTERPRISE, LAM SON 67, KOLE KOLE, SANTE FE I, SHENANDOAH II, YELLOWSTONE, SARATOGA, FARGO, ATLANTA, PATRICK, WINCHESTER, WORCESTER and SAN ANGELO.

2. Hospital rates of admissions, transfers and air evacuations are shown in inclosures 3 and 4. Average beds available during the report period were as follows:

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- a. November - 1390
- b. December - 1450
- c. January - 1510

3. During the report period, evacuation procedures and evacuation capabilities of the 68th Medical Group continued to improve. The 45th Medical Company (AA), with 25 organic helicopters supported the area of operations of the 68th Medical Group. The assigned helicopters are modified UH1D equipped with the L-13, higher horsepower engines. In this configuration, the helicopter was designated a UH1H model. Operational missions involved aeromedical support of the Long Binh area, tactical support of a divisional or similar area with field standbys and preplanned tactical support of battalion or larger sized unit operations.

4. The steady flow of patients into medical treatment facilities is a function of the medical regulator. He relies primarily on radio, particularly the FM tactical series. The 68th Medical Group operates a medical regulating - patient evacuation radio net twenty four hours per day. Two FM transmitters and two FM separate receivers facilitate coordination with tactical elements, aeromedical helicopters, other helicopters evacuating patients, Air Force aircraft, hospital receiving areas, and control personnel accompanying patients being transported by ground ambulances.

5. The established routine of patient evacuation within the 68th Medical Group area of responsibility follows a general pattern. Personnel, at field sites relay requests for aeromedical evacuation, via radio generally through tactical medical channels, either to a field standby helicopter or to the air ambulance helicopter company. A helicopter is dispatched to the field location. Immediately following pick-up, the evacuation pilot establishes contact with the group medical regulator, providing essential information on the patients condition, whether litter or ambulatory, and other data as may be required. With this information, the medical regulator determines the nearest facility that can provide the treatment required.

D. Operations.

1. The 2d Platoon, 50th Medical Company (Clearing) deployed to Phu Loi, RVN in early November 1967 and became operational on 18 November 1967. Operating at a strength of 40 beds, the 2/50th Medical Company (Clearing) has the mission of providing medical care to non-divisional elements without organic medical service in the Phu Loi Base Camp area.

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2. The 18th Surgical Hospital (MA) was reassigned from the 55th Medical Group to the 68th Medical Group on 16 November 1967. Upon receipt of its MUST (Medical Unit Self-Contained Transportable) equipment on 18 November 1967, a training program was conducted with the 3d Surgical Hospital at Dong Tam, then a short orientation was provided by the 68th Medical Group and final equipment checks were made at Long Binh. The 18th Surgical Hospital deployed to Lai Khe, RVN on 15 December 1967. On 1 January 1968, the 18th Surgical Hospital became operational at Lai Khe base camp in support of the 1st Infantry Division. In contrast to other MUST configured surgical hospitals in RVN, this unit was established with mobility in mind. Erection of permanent quarters, supply buildings, motor parks etc., was not permitted, thus the unit retained mobility and flexibility in the purest sense of the mobile surgical hospital concept.

3. The 22d Surgical Hospital (MUST) was assigned to the 68th Medical Group on 27 December 1967. After arrival, the personnel underwent an intensive training program and performed a thorough check of the MUST equipment. The 22d Surgical Hospital was reassigned to another medical Group on 30 January 1968.

4. The 161st Medical Detachment was relocated from the 43d Medical Group and assigned to the 68th Medical Group on 28 December. It was further assigned to the 93d Evacuation Hospital and given the mission of operating the outpatient clinic service.

E. Logistics.

1. A Supply Conference was held at Headquarters, 68th Medical Group on 10 November 1967 for all Supply Officers and NCOs of assigned and attached units. Topics discussed included construction, stockage status, medical and non-medical supply problems and forth-coming requirements.

2. Food Service personnel regularly visited all subordinate units to give assistance and advice on food preparation, handling, storage and mess administration.

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SECTION II, PART I: OBSERVATIONS (LESSONS LEARNED)

A. Personnel, Administration, Morale and Discipline.

ITEM: Absence of Direct Hire (Civilian Personnel).

DISCUSSION: Near the end of the report period, and at the peak of the TET offensive, a random sampling of assigned Direct Hire (Civilian Personnel) was taken among subordinate units of this command. It was significant to note that only 34% of the total number employed were on the job when the medical workload was at its highest level.

OBSERVATION: The absence of these civilian personnel during the report period placed an extreme hardship on subordinate units of this command. Military personnel were working practically "around the clock" because of the increased patient workload and the absence of the direct hire created additional staffing problems, particularly in the evacuation hospital facilities. An example of this situation is the fact that some enlisted men whose skills were needed on wards were required to work in mess halls as KP's in the absence of the civilian direct hire. Civilian ward attendants, truck drivers and laundry workers were other positions which had to be filled by enlisted men of subordinate units.

B. Operations.

ITEM: Requirement for large-haul aircraft during MASCAL situations.

DISCUSSION: During the report period, the 68th Medical Group realized more than ever before the absolute necessity for a capability to effect the movement of large numbers of patients between hospitals and from hospitals to departure airfields. This requirement came about due to these reasons: 1. Almost all UH1H helicopters operated by the 45th Medical Company (AA) were required for emergency field pick-up missions. 2. The UH1H could not move large numbers of litters. 3. A rather significant number of helicopters received combat damage by VC/NVA fire. This coupled with routine maintenance problems, at times, created situations wherein large type aircraft were deemed an absolute necessity. CH-47, Chinook helicopters were requested from IFFORCEV Army Air Element (AAE) and provided this command with the capability to move large numbers of casualties within its area of operation. Chinook type transports were made available in all instances except one, when the tactical situation dictated movement of ammunition, rations and other critical supply items.

OBSERVATION: Large numbers of patients and emergency resupply requirements require utilization of large type aircraft other than the UH1H helicopter. The CH-47 Chinook helicopter is ideally suited for this purpose and should be made available to the 68th Medical Group on a priority basis to transport critical medical supplies and to provide a rapid and smooth flow of casualties from field sites to hospitals, between hospitals and from hospitals to departure airfields. If the larger aircraft is not made available, all medical treatment

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facilities will be required to expand their hospital beds as the particular situation dictates.

ITEM: Disposition of Deceased Vietnamese personnel.

DISCUSSION: A particularly difficult problem developed when hospitals experienced an unusually large number of deceased Vietnamese personnel. Army graves registration and mortuary service currently does not provide transportation for Vietnamese deceased personnel from Army medical service facilities to Vietnamese hamlets.

OBSERVATION: Large numbers of deceased Vietnamese personnel at subordinate hospitals created an immediate problem because transportation had to be arranged by hospital registrars or the 68th Medical Group Medical Regulating Officer. A number of methods have been utilized to return deceased Vietnamese to their families or hamlets. This included utilization of DUSTOFF helicopters, ground ambulance and coordination with the III Corps Medical Advisor for transportation.

ITEM: Lighting and Identification of Landing Zones for Night Medical Evacuation.

DISCUSSION: Night medical evacuations are restricted to urgent patients requiring emergency movement from field locations IAW USARV 40-10. Lighting and identification of the landing zone is considered the most important phase of the mission accomplished by the ground element requesting the evacuation. With normal communications established between the requesting unit and the supporting DUSTOFF, coordinating requirements in reference to identification and lighting of the landing zone will have been confirmed prior to the evacuation helicopter's arrival at the field location.

The aircraft commander, upon nearing the LZ, will request an illuminating flare for friendly identification and assistance in locating the general area. Desirably, the flare will be fired from the landing zone, directed straight above as much as possible. The aircraft commander will then identify (color) the flare to the ground element by radio for confirmation. Pin point location of the landing zone must be marked by light, flare, or fire (as with a gallon can filled with dirt, saturated with gasoline, and ignited). Vehicle driving lights should be used whenever available and tactically feasible. Ground flares or fire cans may be used as an alternative. As a minimum, two flashlights or strobe lights are essential for Landing Zone identification. Once any of the ground lights are on for identification and location of the landing area, they must not be physically moved. They may be blinked for identification, but once the ground landing area is located and identified, the marking lights should remain lighted.

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While approaching the general area, the aircraft commander will ask vital questions of the ground element. Ground personnel will be asked to identify obstructions such as trees, poles, antennas or wires, their location and height in reference to the LZ. They will be asked for a brief on the tactical situation, latest enemy contact and for a recommendation on the direction of the final approach. He will be asked about the landing surface in reference to dust, tree stumps, rocks and incline. Normal procedures for the aircraft commander will be to shut off all external lights on final approach, utilizing the search and/or landing light for the final two hundred feet of the descent. Personnel of the ground element must have knowledge of the area required, with consideration given to the surrounding obstacles in order to accommodate the safe landing of the UH1H helicopter during the hours of darkness.

Night hoist evacuations are voluntary on each crewman's part. Vulnerability to hostile fire and vision limitations qualify night hoist extractions as critical, to be attempted only in the most urgent situations, and supported by a light fire team on location. General illumination of the area by parachute suspended flares provides the best light for clearance of main and tail rotor blades while hovering above obstructions as the hoist extraction is conducted. General ground illumination is required to supplement illumination from the helicopter landing and search lights. These minimal requirements are necessary for crew members to visually follow and direct the descent of hoist extraction equipment and for the actual extraction.

OBSERVATION: Completed night mission reports frequently reveal that ground elements requesting urgent evacuations do not provide minimal essential light or illumination due to the unstable tactical situation. On occasions, illuminating flares have been discharged in the flight path of the DUSTOFF helicopter when on final approach to the landing area, causing loss of night vision and delayed evacuation. Units have failed to clear other radio traffic while DUSTOFF operations were in process. Uninterrupted radio contact between the DUSTOFF helicopter and the supported ground element requesting urgent medical evacuation at night is essential to successful accomplishment of the mission.

C. Logistics.

ITEM: Support requirements for units in outlying areas.

DISCUSSION: Medical units deployed to outlying areas required a certain amount of support which cannot be organically provided. For example, many gallons of potable water are required daily by a surgical hospital. This type of unit has limited water hauling capability. Area support elements must provide a water supply close enough to unit's location to enable organic equipment to handle the requirement. During a recent deployment of a surgical hospital, verbal arrangements were made for water and fuel support. When the unit arrived on location, this support was not available. Unsatisfactory field expedient had to be used.

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OBSERVATION: Support requirements should be in the form of a written agreement.

ITEM: Space requirements for units staged on Long Binh Post.

DISCUSSION: When new units are staged in the Long Binh area, there is a constant problem of lack of adequate billeting space, storage space and support facilities. Units are required to stage in small, crowded areas with inadequate facilities. Personnel are often spread over a large area and are usually far removed from their equipment. Control of personnel and security of equipment is difficult under these conditions.

OBSERVATION: Space should be provided on Long Binh Post as a staging area for all type units. This space should be reserved only for staging of units. Proper facilities could be established such as showers, latrines and a level hard surfaced area with adequate drainage.

ITEM: Requisitioning and receipt of initial stockage of supplies for a new unit.

DISCUSSION: When the 18th Surgical Hospital arrived in this area, it was directed to requisition its initial stockage of medical supplies. The different sections of the hospital made up the requisitions and submitted them. Hospital supply personnel were not permitted to edit the requisitions or enter them in their document register. Two problems resulted. First the unit of issue was incorrect on many requisitions, this caused a heavy excess. The second problem was that hospital supply was not aware of what had been requisitioned because the requisitions were not entered in the document register. When the supplies were received, the section personnel took all the supplies directly to their sections. Supply personnel were not given the opportunity to check the supplies in and issue them correctly.

OBSERVATION: Full support of the unit headquarters must be given to the supply section so that strict discipline can be maintained over the requisitioning, receipt and issue of supplies. Supply personnel must be relied upon and utilized when establishing initial levels.

ITEM: Testing of new equipment prior to use.

DISCUSSION: The 18th Surgical Hospital arrived in this area from another location in RVN. It was joined by the Medical Unit Self-Contained Transportable, (MUST) equipment from CONUS on 18 November 1967. The unit was directed to test and inventory the new equipment and to requisition any shortages discovered. The hospital moved into location and was to become operational on 31 December 1967. On 31 December 1967, 68th Medical Group was notified by the unit they could not become operational unless they received certain items for their

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anesthesia equipment. These items were on hand at 1/32d Medical Depot but the unit had not requisitioned them.

OBSERVATION: It is apparent that the unit did not check-out all of the equipment as instructed. Whenever a new unit is established, particular attention must be placed on inventories and operational tests of equipment.

ITEM: Additional equipment for surgical Hospitals in MUST configuration.

DISCUSSION: Units converting from TOE to MUST configuration require certain additional items of equipment in addition to that authorized by TOE. This is particularly true of surgical hospitals whose mission states they will maintain mobility with a 72 hour deployment capability. Some of the items referred to are fuel storage bladders, collapsible water storage tanks, fuel and water hauling equipment.

OBSERVATION: The equipment cited above has been extremely difficult to obtain because it is programmed into this country for uses other than MUST units. This equipment should be procured in CONUS and shipped with the MUST package when deployed overseas.

ITEM: Lateral Transfer of Equipment.

DISCUSSION: Several items of equipment received by this group from units of other groups were in poor condition. For example, when the 18th Surgical Hospital arrived in the Long Binh area it was in need of two 30KW generators. These generators were on hand at the 71st Evacuation Hospital and were subsequently laterally transferred to the 18th Surgical Hospital. The generators were in such poor condition that they could not be repaired and had to be salvaged.

OBSERVATION: Many man hours and dollars were wasted in laterally transferring such generators. Command emphasis should be directed toward proper maintenance and testing of equipment prior to lateral transfers.

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5 March 1968

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending 31
January 1968 (RCS CSFOR-65) (68th Medical Group)

SECTION II. PART II RECOMMENDATIONS

1. Recommend that higher headquarters establish an enlisted labor pool during periods of increased hostile actions and under mass casualty conditions, whereby hospital commanders would have access to utilizing these personnel to fill various unskilled positions in the absence of direct hire civilian personnel. Further recommend consideration be given in deferring the hiring of civilian personnel under the "Civilianization 5" program.

2. Recommend that one (1) CH-47, Chinook helicopter be made available to the 68th Medical Group on a priority basis to transport critical medical supplies and to provide a smooth and rapid flow of casualties from field sites to hospitals and from hospitals to departure airfields.

3. Recommend that a system be developed to provide transportation of deceased Vietnamese by Army Graves Registration or Army Mortuary Service.

4. Recommend that ground element commanders closely control all requests for urgent night medical helicopter evacuation missions. This should include the possibility of waiting for the first light whenever possible. The patient's condition will determine the urgency. The ground commander must, within his means, provide lighting to identify and locate the mission area. No additional flares or bright illuminative lights should be used after initial location and identification or on final approach unless so specified by the aircraft commander.

5. Recommend that whenever a unit is to deploy, support requirements be detailed in the written request for real estate.

6. Recommend that Long Binh Post provide a unit staging area with adequate shower and latrine facilities, billeting space (or space for tents) and a storage area for equipment.

7. Recommend hospital supply officers and user personnel be given the task of supervising the establishment of initial levels and their subsequent requisitioning, receipt and issue.

8. Recommend agencies planning movement of MUST units to RVN include collapsible fuel and water storage bladders and fuel and water hauling equipment in the initial shipment of MUST equipment.

9. Recommend more discipline be exercised by command elements of units to insure that personnel check all equipment prior to bringing unit to operational status.

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10. Recommend that units do not laterally transfer inoperative equipment.
The approving headquarters must insure that the equipment operates or can be
repaired.

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AVBJ-PO (5 Mar 68) 1st Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period
Ending 31 January 1968 (RCS CSFOR-65) (68th Medical Group)

HEADQUARTERS, 44th Medical Brigade APO 96384 27 March 1968

TO: Commanding General, United States Army Vietnam, ATTN: AVHGC-DST,
APO 96375

1. The contents of the basic report have been reviewed.
2. The following comments pertaining to the recommendations in Section II, Part II (pages 15 and 16) of the basic report are submitted:
 - a. Reference paragraph 1. Non-concur in recommendation to form a labor pool. Medical Group Commanders have authority to transfer enlisted personnel within the group to meet emergency requirements. If the group is unable to meet requirements from within its resources, a request may be made to this headquarters and an immediate levy will be placed on other commands. Hiring of civilian personnel under Civilianization Program 5 has already been deferred.
 - b. Reference paragraph 2. Concur. This headquarters is taking action to obtain this assistance.
 - c. Reference paragraph 3. Concur. This headquarters has submitted a request to USARV for guidance and assistance in establishing a system for disposition of deceased Vietnamese.
 - d. Reference paragraph 4. Concur. Night flying in Vietnam is extremely hazardous and constitutes an environment in which medical air ambulances have the least chance of performing a successful evacuation. The majority of fatal accidents occur on night missions and often the patients could have waited until first light. Unrequested illumination on final approach at night could blind or disorient the pilots and result in an aircraft accident.
 - e. Reference paragraph 5. Concur. It is the responsibility of the losing command, in coordination with the gaining command, to outline support requirements for a deploying unit.
 - f. Reference paragraph 6. Concur. Billeting space now being constructed or programmed is based on the authorized strength of units assigned to Long Binh Post on a permanent basis. There is no apparent provision for adequate staging of incoming units on a temporary basis.

WBJ-PO (5 Mar 68) 1st Ind
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31 January 1968 (AOS CSFOR-65) (68th Medical Group)

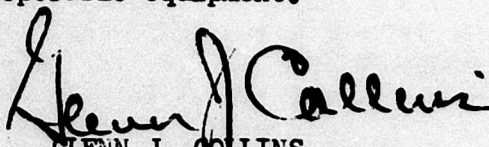
g. Reference paragraph 7. Concur. 44th Medical Brigade Regulations 735-1 and 735-2 specifically direct this action.

h. Reference paragraph 8. Concur. Action has been initiated to insure that units are provided all equipment necessary to operate in Vietnam.

i. Reference paragraph 9. Concur. AR 11-14 places responsibility for material readiness on the unit commander and his staff. It likewise places equal responsibility on each higher echelon commander to monitor a unit's posture and effect corrective action as necessary.

j. Reference paragraph 10. Concur. Medical Group Commanders have authority to approve lateral transfers within the group. The gaining unit is not required to accept inoperable equipment.

TEL: LBH 2909/2494


GLENN J. COLLINS
Brigadier General, MC
Commanding

cc: 68th Medical Group

AVHGC-DST (5 Mar 68) 2d Ind

CPT Arnold/ms/LBN 4485

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending
31 January 1968 (HCS CSFOR-65) (68th Medical Group)

HEADQUARTERS, US ARMY VIETNAM, APO San Francisco 96375 5 APR 1968

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-DT
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 January 1968 from Headquarters, 68th Medical Group as indorsed.

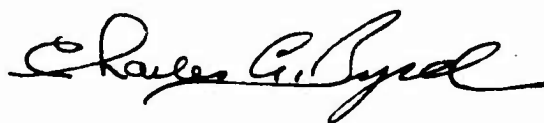
2. Pertinent comments follow:

a. Reference item concerning disposition of deceased Vietnamese personnel, page 10; page 15, paragraph 3; and 1st Indorsement, paragraph 2c. Transportation support is requested by Graves Registration units in the same manner as other units. USARV Regulation 40-46 places the responsibility for coordination of the retrograde movement of deceased civilian war casualties with the CG, 44th Medical Brigade. TOE Graves Registration units are based on the number of US troops supported. They are not staffed to assume the Civilian War Casualty mission. This problem was referred to MACV J4 on 11 Feb 68, and their reply dated 18 Feb 68 stated that all Vietnamese remains will be referred to the local Province Chief for disposition. This message changes the requirement of MACV Directive 5-67 to return remains to the original province.

b. Reference item concerning space requirements for units staged at Long Binh Post, paragraph C, page 12; paragraph 6, page 15; and 1st Indorsement paragraph 2f: Concur. The 68th Medical Group should submit its recommendation to CO, Long Binh Post, ATTN: AVIB-EN.

3. A copy of this indorsement will be furnished to the reporting unit through channels.

FOR THE COMMANDER



CHARLES A. BYRD
Major, AGC
Assistant Adjutant General

Copies furnished:
HQ 68th Med Gp
HQ 44th Med Bde

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GPOP-DT (5 Mar 68) 3d Ind
SUBJECT: Operational Report of HQ, 68th Med Gp for Period Ending
31 January 1968, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 9 MAY 1968

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters has evaluated subject report and forwarding indorse-
ments and concurs in the report as indorsed.

FOR THE COMMANDER IN CHIEF:

C.L. Shortt

C.L. SHORTT
CPT, AGC
Asst AG

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AVBJ GD-PO

5 March 1968

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending 31
January 1968 (RCS CSFOR-65) (68th Medical Group)

45TH MEDICAL COMPANY (AIR AMB)

1. Mission: During the entire 92 day report period, the 45th Medical Company (Air Ambulance) engaged in providing aeromedical support to the United States Army personnel and such other U.S. and Free World Military Assistance Forces Personnel as directed by higher command headquarters.

2. Personnel, Administration, Morale, and Discipline:

a. Personnel: Lieutenant Colonel Joseph I. Martin Jr., Medical Service Corps, commanded the 45th Medical Company (Air Ambulance) during the entire period.

b. Administration: Although the company continues to have a heavy administrative load, there has been a minimum of administrative difficulty during the reporting period.

c. Morale and Discipline:

(1) Awards and Decorations.

(a) The following awards and decorations were approved and presented during the period:

Silver Star - 4
Distinguished Flying Cross - 1
Air Medal with "V" Device - 8
Bronze Star - 4
Air Medal - 100

(b) The following awards are pending:

Distinguished Flying Cross - 2
Air Medal with "V" Device - 5
Air Medal - 11
Oak Leaf Clusters to the Air Medal - 458

(2) Discipline.

(a) One man was tried by Special Courts-Martial during the period.

(b) Five men were punished under Article 15, UCMJ during the period.

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3. Operations: The 45th Medical Company (Air Amb) continues to provide aeromedical support within the 68th Medical Group area of responsibility as delineated by the 44th Medical Brigade. The Fourth Flight Platoon now operationally located at Lai Khe remains in close general support of basically the 1st Infantry Divisional Area. At the close of this period, written authorization has been received from the 44th Medical Brigade to relocate one of the three remaining Flight Platoons presently at Long Binh to Vung Tau. The company provided helicopters with operational crews in support of the 43d and 67th Medical Group areas for short durations to assist in their operational requirements. Shortage of aviators assigned on flying status continued to be the main limiting factor in the company's operational capability. Since arrival in South Vietnam, the company has remained understrength twelve of the authorized fifty-one aviators. Patient transfers from hospital to hospital, and to Air Force patient staging areas, continue at an appreciable volume. An organic Chinook (OH-47) helicopter would assist and enhance the capabilities of this company by increasing the number of patients moved per ratio of available aviators. It would also keep aircraft and patients within medical control as required by military medical doctrine.

4. Logistics: Redistribution of certain combat flight protective gear has been directed by 44th Medical Brigade. This is caused by a zero balance of HELMET, Flying, Crash, Ballistic, FSN 8415-782-6351 (medium) and BODY ARMOR, Aircrewman, FSN 8470-926-1574 (medium) in Vietnam supply channels. To date, there is no known procurement action in progress to obtain an adequate issue of the Ballistic Flying Helmet. The Ballistic Flying Helmet is designed and intended for issue to an individual for personal fitting to provide the proper safety protection for crash survival. Buddy wearing of the flight helmet will necessarily generate poor fitting which defeats the intended purpose of the helmet. Redistribution will cause a shortage of the authorized items in the company creating a reduction of operational capability. The company has not received replacement for combat loss of essential equipment such as revolver, .38 cal.; rifle, 5.56mm, M16A1; ballistic helmets and armor, body protective. Replacement requisitions date back to August 1967. A written request was submitted in August 67 for authorization to draw ninety-nine (99) additional rifles to be issued aviators and enlisted flight crew members, not otherwise authorized. There has been no action to date on weapons request.

COMMENT: A revised redistribution of the helmets and body armor was made after the submission of referenced request. The unit agreed that it would cause no problems to their mission. S-4, 68th Medical Group will look into problems encountered in issuing combat losses.

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MILITARY CIVIC ACTION

1. All units within the 68th Medical Group have actively participated in Military Civic Action and MEDCAP programs to assist indigenous personnel. Medical assistance, both in hamlets and villages and within the hospitals and dispensaries, materially assisted the civic action effort of the United States Army in the Republic of Vietnam. Figures below identify major projects conducted during the report period.

	<u>Previous Period</u>	<u>Current Period</u>
a. Orphanages Supported	3	5
b. Hamlet MEDCAP's	17	9
c. Hospital Assistance	1	9
d. Professional Consultation Services to RVN Hospitals	1	3
e. Evacuation Projects	3	3
f. Dental Care	3	1

2. Hospitals under the 68th Medical Group have been authorized to care for and treat Vietnamese civilians injured as a result of enemy or friendly activities for such a period as necessary for the welfare of the patient and until the patient's condition permits movement into the RVN hospitalization system. The system for hospitalization of civilians has worked well and should continue to satisfactorily augment the civilian hospitalization system until such time as programmed U.S. hospitals, which are to operate with the Civilian War Casualty Program, can be constructed, staffed and become operational.

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68TH MEDICAL GROUP

The following units were assigned to the 68th Medical Group at the end of the report period.

<u>UNIT</u>	<u>LOCATION</u>	<u>OPERATIONAL BEDS</u>
<u>7th Surgical Hospital</u>	Long Giao	60
<u>18th Surgical Hospital</u>	Lai Khe	60
3/542d Medical Company	Lai Khe	
<u>24th Evacuation Hospital</u>	Long Binh	400
45th Med Det (KB) (Orthopedic)	Long Binh	
104th Med Det (KD) (Maxillo-facial)	Long Binh	
<u>36th Evacuation Hospital</u>	Vung Tau	400
345th Med Det (MA) (Disp)	Vung Tau	
872d Med Det (RB) (Amb) (Bus)	Vung Tau	
<u>45th Medical Company (Air Amb)</u>	Long Binh	
<u>58th Medical Battalion</u>	Long Binh	
2d Med Det (MA) (Disp)	Long Binh	
25th Med Det (MA) (Disp)	Long Binh	
61st Med Det (MB) (Disp)	II FFORCEV	
202d Med Det (MC) (Disp)	Long Binh	
332d Med Det (MB) (Disp)	Long Binh	
541st Med Det (MA) (Disp)	Long Binh	
50th Med Co (Clr)	Long Binh	150

Incl 1

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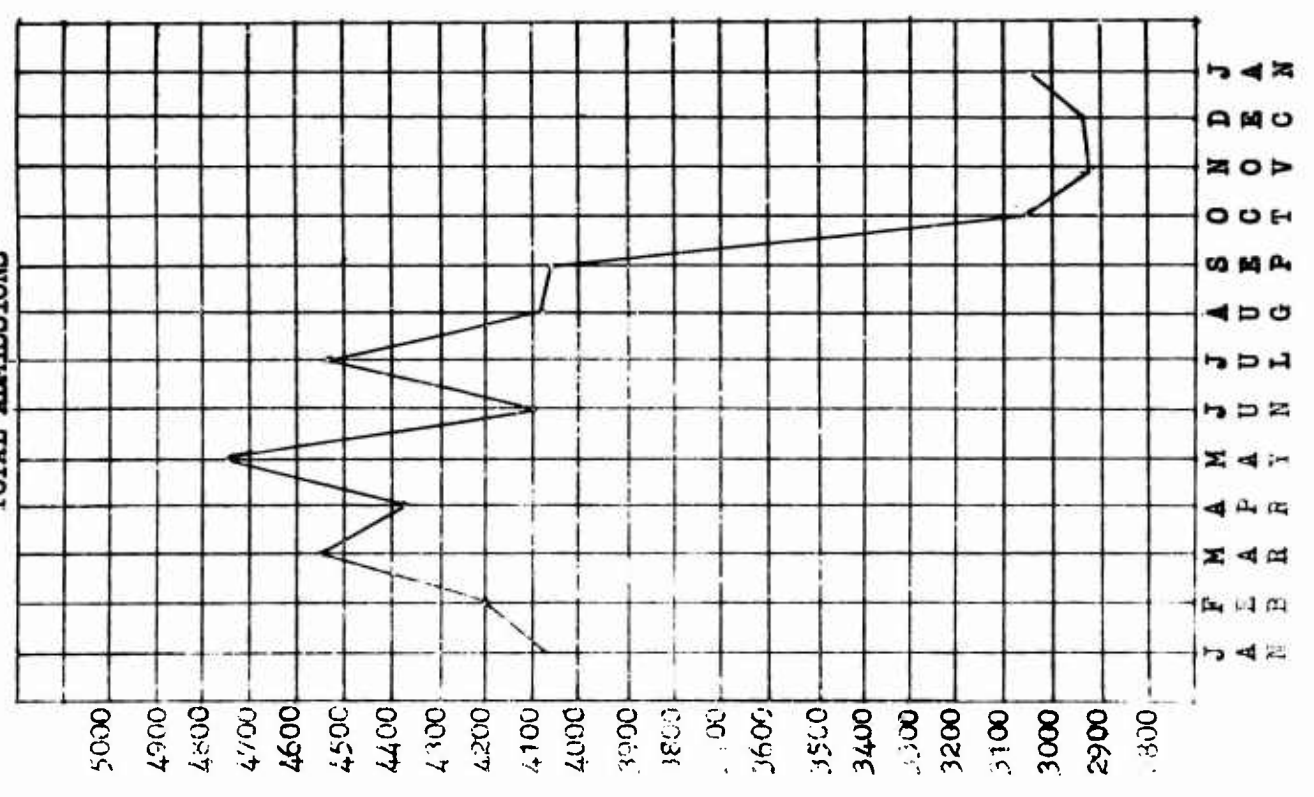
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<u>UNIT</u>	<u>LOCATION</u>	<u>OPERATIONAL BEDS</u>
2d Platoon, 50th Med Co (Clr)	Phu Loi	40
584th Med Co (Amb)	Long Binh	
439th Med Det (RB) (Bus)	Long Binh	
498th Med Det (RB) (Bus)	Long Binh	
930th Med Det (MB) (Disp)	Long Binh	
<u>93d Evacuation Hospital</u>	Long Binh	400
46th Med Det (KB) (Orthopedic)	Long Binh	
53d Med Det (KA) (Surg)	Long Binh	
935th Med Det (KO) (Psychiatric)	Long Binh	
161st Med Det (OA) (Disp)	Long Binh	
Attached Units, (limited attachment)		
1st Adv Plt, 32d Medical Depot	Long Binh	
946th Med Lab (Mobile)	Long Binh	
TOTAL OPERATIONAL BEDS		1510

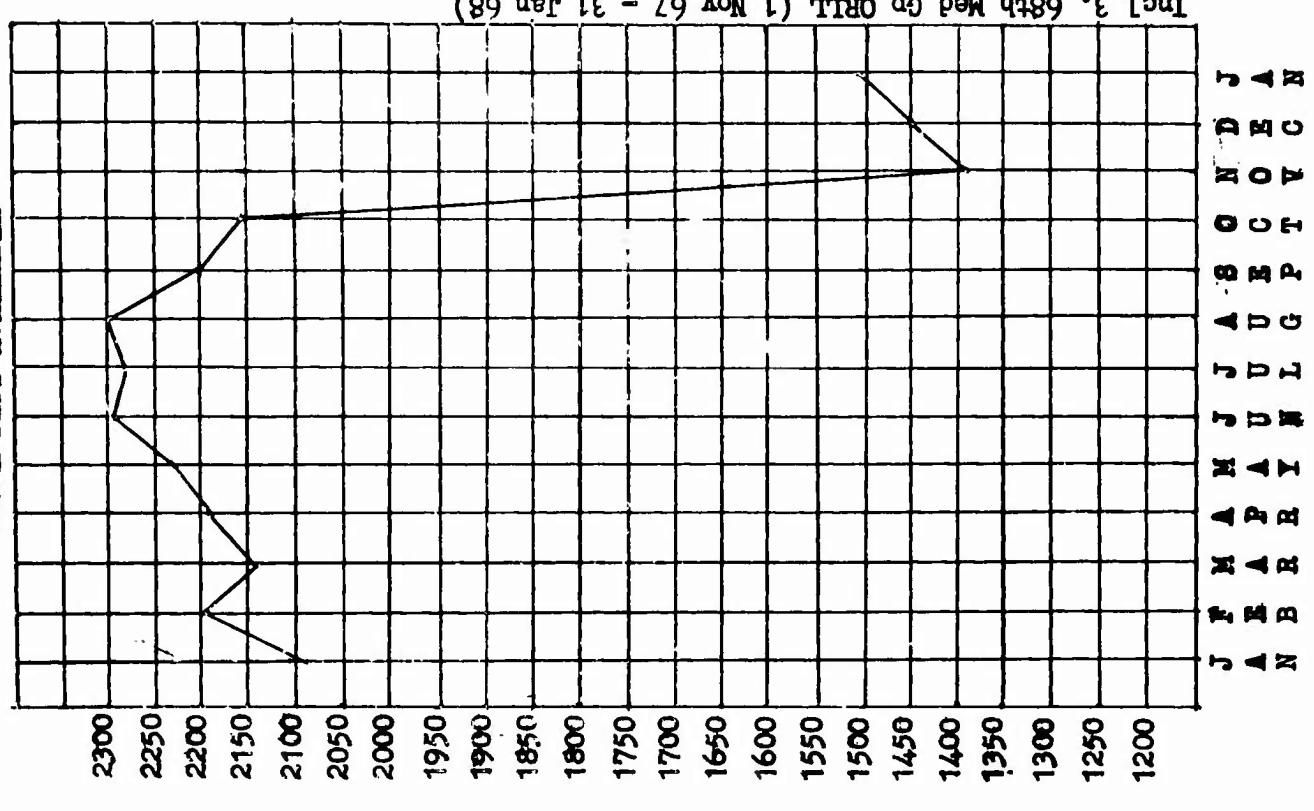
Incl 1 (Con't)

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TOTAL ADMISSIONS

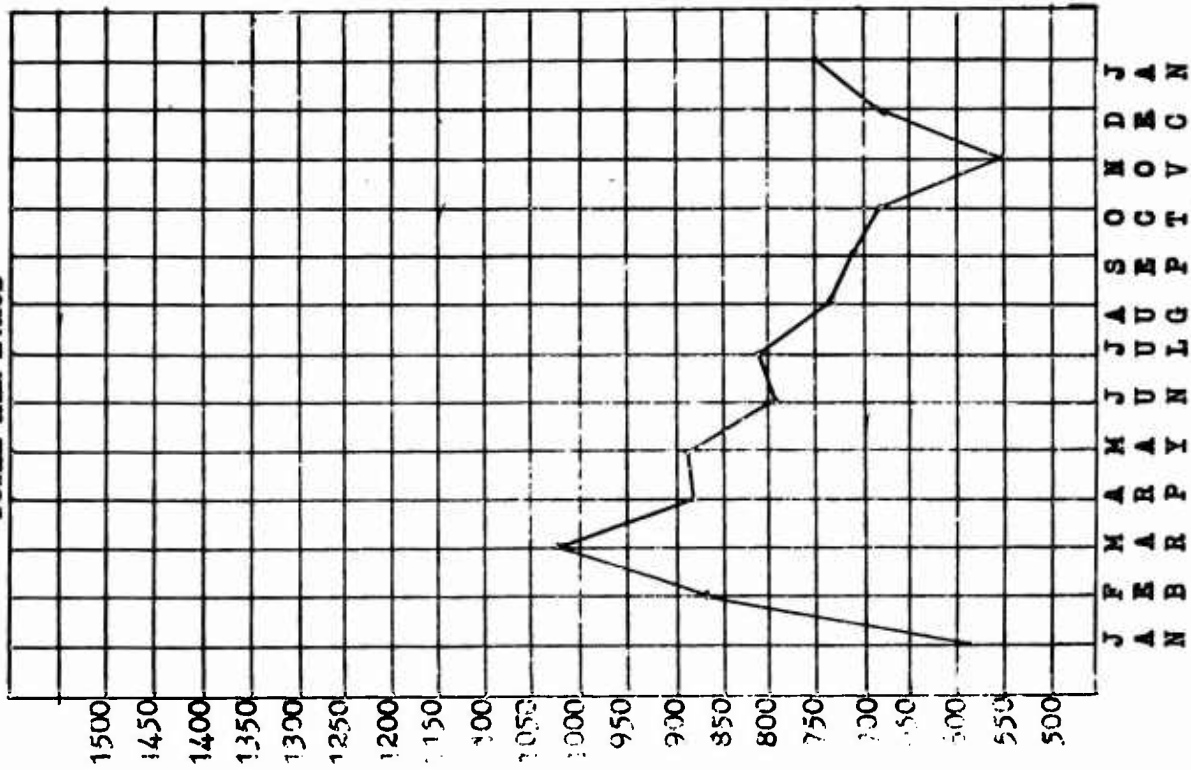


TOTAL BEDS AVAILABLE

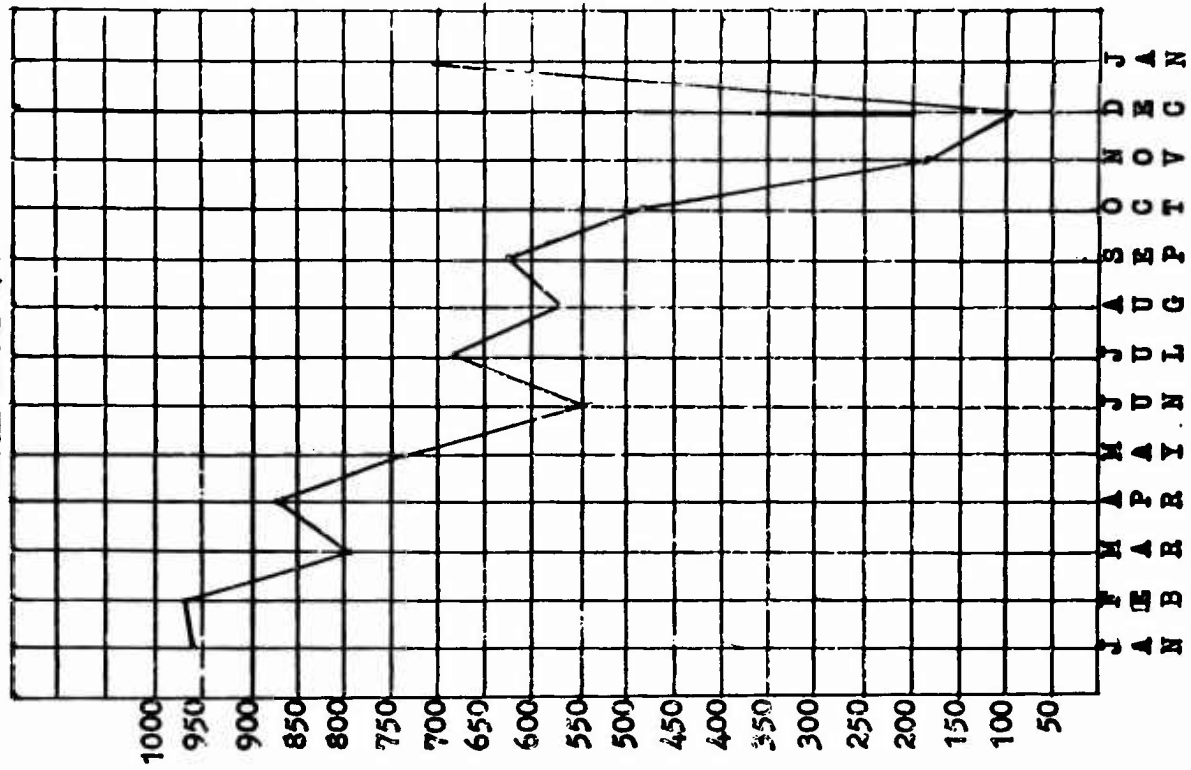


Incl 3, 68th Med Gp ORL (1 Nov 67 - 31 Jan 68)
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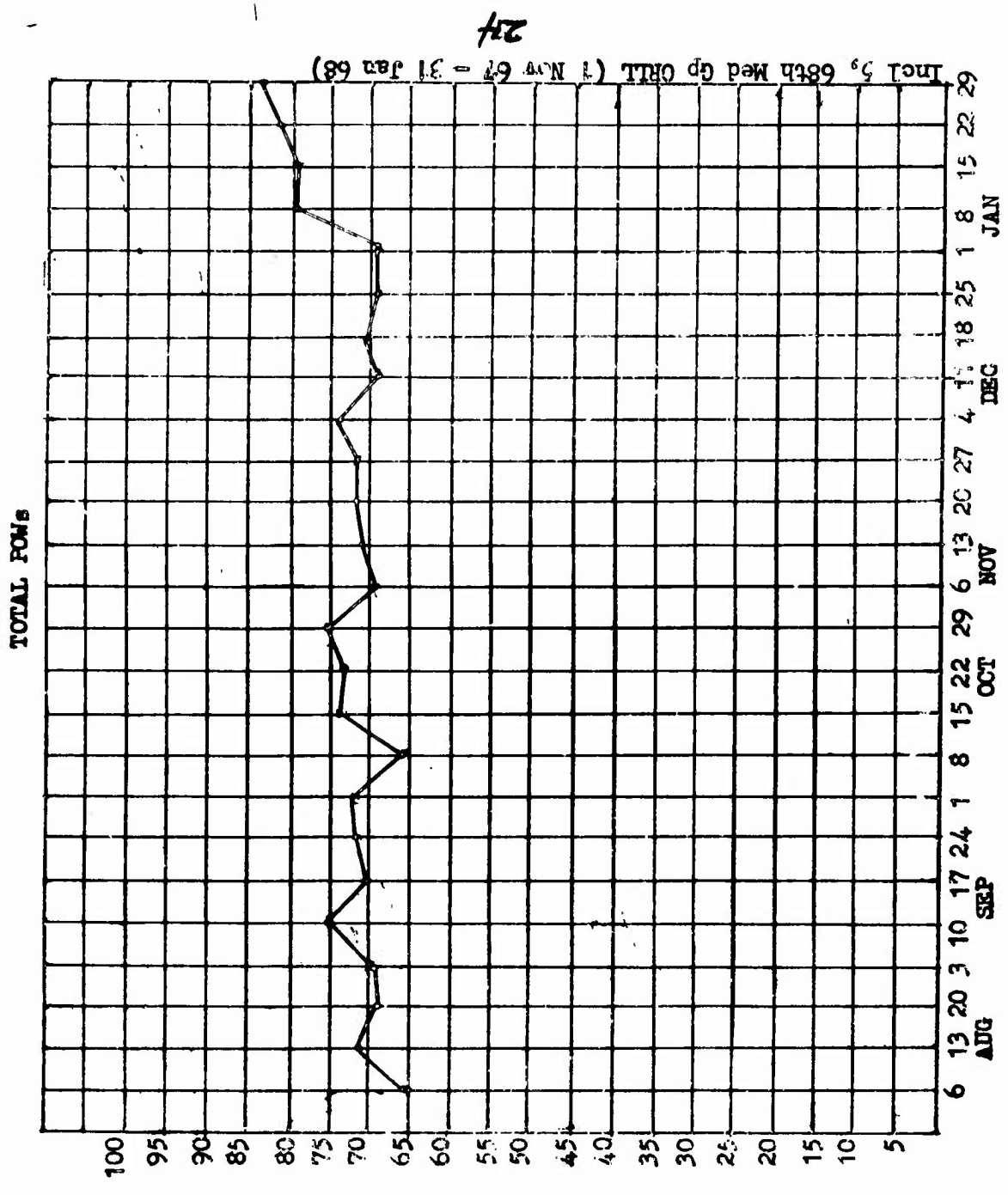
TOTAL AIR EVACS



TOTAL TRANSFERS



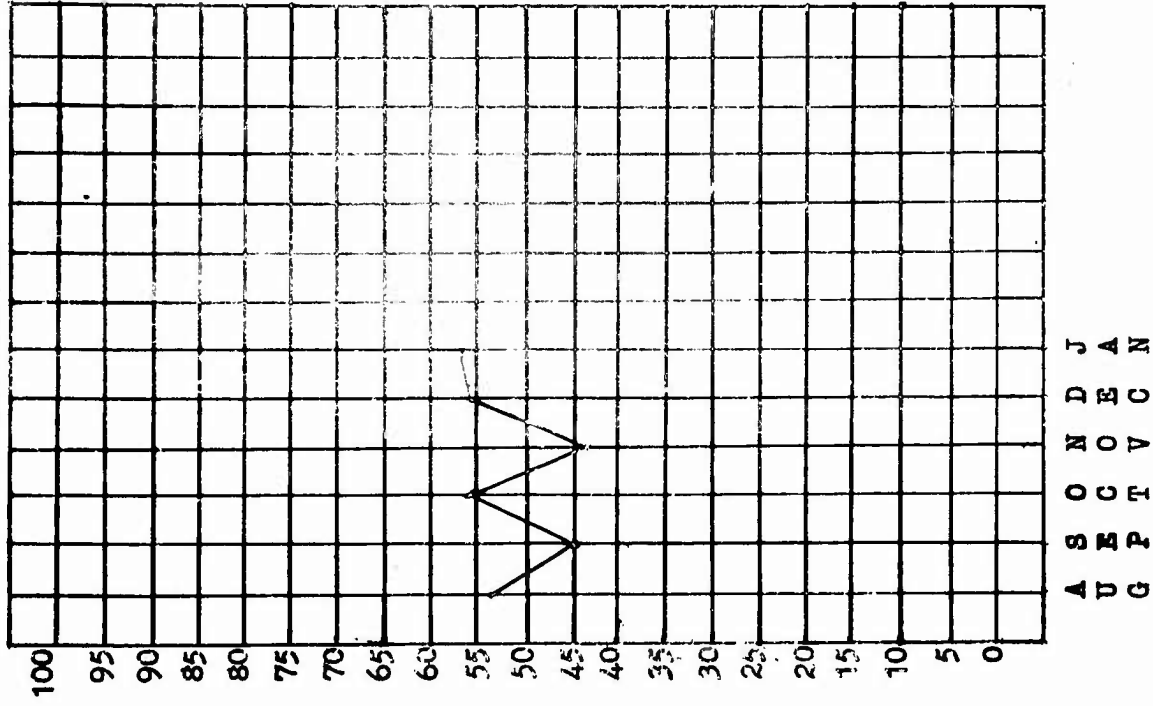
Incl 4, 68th Med Gp ORLT (1 Nov 67 - 31 Jan 68)



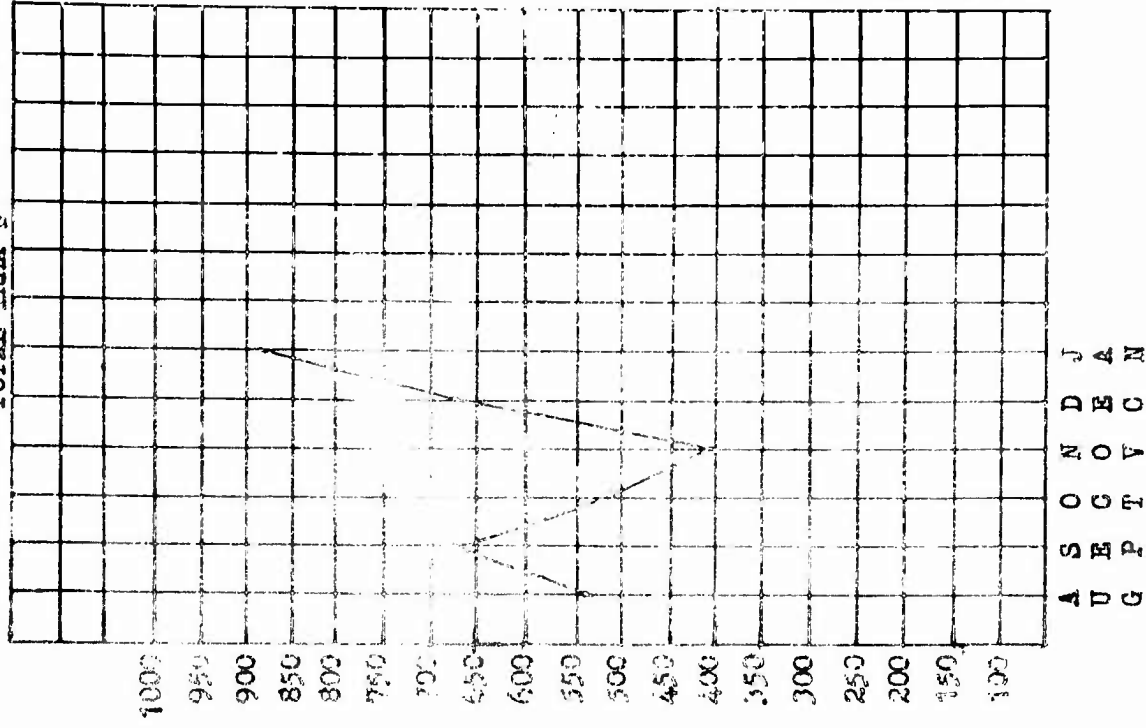
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TOTAL DEATHS



TOTAL IRHA'S



Incl 6, 68th Med Gp ORLL (1 Nov 67 - 31 Jan 68)

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